



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

INSTRUCTIONS AND APPLICATION FOR THE RENEWAL OF A
BUSINESS ENTITY INSURANCE PRODUCER LICENSE
(Resident & Nonresident)

All Insurance Producers are strongly encouraged to renew their license online. *Nonresidents* should click here to renew the license electronically: www.licenseregistry.com/. *Rhode Island residents* should click here to renew the license electronically: https://sbs-ri-public.naic.org/Lion-Web/jsp/login/login_main.jsp

LICENSEES SHOULD CALL THE NAIC HELP DESK WITH ANY QUESTIONS AND/OR CONCERNS REGARDING THE ONLINE RENEWAL PROCESS AT 1-816-783-8500.

The attached Uniform Business Entity Insurance Producer Renewal/Continuation form should only be used prior to the expiration date of the Rhode Island license and within the allowable thirty-day grace period.

Business Entity Renewal Fees (prior to the expiration date and within the allowable 30 day grace period):

Residents= \$110 **or** Nonresidents= \$160

**If received within the thirty (30) day grace period, the business entity is NOT required to pay an additional Reinstatement fee.*

Note: If the BE Renewal is received over the thirty (30) day grace period of the expiration date, business entities are required to complete the Reinstatement Application, pay the two-year renewal fee of \$110/Residents **or** \$160/Nonresidents

AND pay the additional Reinstatement fee of \$50/Residents **or** \$75/Nonresidents.

If the license has expired and is past the thirty-day allowable grace period, you may click here to download the Reinstatement Instructions and Application:

http://www.dbr.state.ri.us/pdf_forms/insur/Instructions%20and%20Application%20for%20Reinstatement-BE.pdf

Once the 2006 license is renewed and approved, the business entity will receive a license that expires on May 31, 2008.

PLEASE READ CAREFULLY BEFORE COMPLETING AND MAILING

- Nonresidents are not required to submit a Letter of Certification. The Rhode Island Insurance Division will verify the home state license with PDB/SPLD.
- All business entities are required to have at least one (1) designated responsible license producer (“DRLP”). The DRLP must hold a RI license and must be licensed for the same line(s) of authority as the business entity. **The producer name and RI license number of the “DRLP” must be noted on the attached application.**
- Licensees are required to submit a letter of explanation and copies of supporting documentation for all background questions that have been answered “yes.”

Checks are made payable to: *State of Rhode Island, General Treasurer*

Mail the application, supporting documentation and fees to:

State of Rhode Island Dept. of Business Regulation
Insurance Division, Licensing
233 Richmond Street, Suite 233
Providence, RI 02903-4233

**Applications that are not complete may be returned to the applicant.*

NOTE: The nonresident business entity producer will receive the same line(s) of authority that it is currently licensed for in their home state. If the business entity does not wish to renew the same line(s) of authority or it wishes to cancel the license, you may contact the Licensing Section by calling 401-222-2223.

To check the status of an individual license or to verify the expiration date, please visit the Department website at www.dbr.state.ri.us.

**Beginning May 1, 2006, business entities that apply for a first time RI Insurance Producer License will receive a license based on the year (even vs.odd) in which they apply (license will expire on 5/31).*

**Nonresidents are not required to submit a Letter of Certification.
 Rhode Island will verify the home state license with PDB/SPLD.*

Uniform Business Entity Insurance License Renewal/Continuation

(Please Print or Type)

Instructions

1. Verify all demographic information is correct.
2. Read and answer the background questions listed below.
3. Certify that the information provided is true and correct by signing your name under the certification and attestation section.

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ Home State & Home State License Number		⑤ If assigned, National Producer Number (NP#)			
⑥ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑦ Business Address		⑧ City		⑨ State	⑩ Zip or Foreign Country
⑪ Phone Number () -	⑫ Fax Number () -	⑬ Business Web Site Address		⑭ Business E-Mail Address	
⑮ Mailing Address		⑯ P.O. Box	⑰ City	⑱ State	⑲ Zip or Foreign Country

Designated/Responsible Licensed Producer

- ⑳ Identify at least one Designated/Responsible Licensed Producer: *(See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)*

Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____

Background Information

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1. Since the last home state renewal or initial application in this state, has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____
- “Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
- If you answer yes, you must attach to this application:
- a) a written statement explaining the circumstances of each incident,
 - b) a certified copy of the charging document, and
 - c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment
2. Since the last home state renewal or initial application in this state, has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Applicants Certification and Attestation

22 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- 2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- 4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- 5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration renewal.
- 7. If required, I have received a Certificate of Good Standing from the jurisdiction’s Secretary of State in which I am seeking renewal.
- 8. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Must be signed by designated licensed/responsible producer.

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State zip